

TRANSMITTAL FORM	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>10/785,207</td> </tr> <tr> <td>Filing Date</td> <td>02/24/2004</td> </tr> <tr> <td>First Named Inventor</td> <td>Modak, Shanta</td> </tr> <tr> <td>Art Unit</td> <td>1616</td> </tr> <tr> <td>Examiner Name</td> <td>Soroush, Ali</td> </tr> <tr> <td>Attorney Docket Number</td> <td>070050.2534</td> </tr> </table>	Application Number	10/785,207	Filing Date	02/24/2004	First Named Inventor	Modak, Shanta	Art Unit	1616	Examiner Name	Soroush, Ali	Attorney Docket Number	070050.2534
Application Number	10/785,207												
Filing Date	02/24/2004												
First Named Inventor	Modak, Shanta												
Art Unit	1616												
Examiner Name	Soroush, Ali												
Attorney Docket Number	070050.2534												
(to be used for all correspondence after initial filing)													
Total Number of Pages in This Submission													

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Baker Botts L.L.P.		
Signature			
Printed name	Sandra S. Lee		
Date	11/02/2007	Reg. No.	51,932

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or printed name		Date	

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FEE TRANSMITTAL for FY 2007

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 0

Complete if Known

Application Number 10/785,207
Filing Date 02/24/2004
First Named Inventor Modak, Shanta
Examiner Name Soroush, Ali
Art Unit 1616
Attorney Docket No. 070050.2534

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:

Deposit Account Number 02-4377
Deposit Account Name Baker Botts L.L.P.

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments

☒ Charge any additional fee(s) or any underpayment of fee(s)

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

Extra Claim Fees

	Extra Claims	Fee	Fee Paid
Total Claims	<input type="text"/>	x 25 =	<input type="text"/> \$0
Independent Claims	<input type="text"/>	x 105 =	<input type="text"/> \$0
Multiple Dependent	<input type="text"/>	=	<input type="text"/> \$0

SUBTOTAL \$0

Fee Description	Large Entity	Small Entity
Claims in excess of 20	<input type="text"/> 50	<input type="text"/> 25
Independent claims in excess of 3	<input type="text"/> 210	<input type="text"/> 105
Multiple dependent claim, if not paid	<input type="text"/> 370	<input type="text"/> 185

FEE CALCULATION (continued)

ADDITIONAL FEES

<input type="checkbox"/> Surcharge - late oath or filing fee	<input type="text"/>
<input type="checkbox"/> Non-English Specification	<input type="text"/>
<input type="checkbox"/> Extension for reply within first month	<input type="text"/>
<input type="checkbox"/> Extension for reply within second month	<input type="text"/>
<input type="checkbox"/> Extension for reply within third month	<input type="text"/>
<input type="checkbox"/> Extension for reply within fourth month	<input type="text"/>
<input type="checkbox"/> Extension for reply within fifth month	<input type="text"/>
<input type="checkbox"/> Notice of Appeal	<input type="text"/>
<input type="checkbox"/> Filing a brief in support of an appeal	<input type="text"/>
<input type="checkbox"/> Petition to revive - unavoidable	<input type="text"/>
<input type="checkbox"/> Petition to revive - unintentional	<input type="text"/>
<input type="checkbox"/> Utility Issue Fee	<input type="text"/>
<input type="checkbox"/> Design Issue Fee	<input type="text"/>
<input type="checkbox"/> Publication Fee	<input type="text"/>
<input type="checkbox"/> Petitions to the Commissioner	<input type="text"/>
<input type="checkbox"/> Request for Continued Examination (RCE)	<input type="text"/>
<input type="checkbox"/> Information Disclosure Statement (IDS)	<input type="text"/>
<input type="checkbox"/> Other fee -	<input type="text"/>

SUBTOTAL (\$) 0

SUBMITTED BY

Name (Print/Type) Sandra S. Lee

Signature 

Registration No. (Attorney/Agent)

51,932

(Complete if applicable)

Telephone 212-408-2500

Date 11/02/2007

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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